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ACCEPTED

8 1957

The Entrant agrees to maintain the price designated below for six months after closing date of exhibition.

Artist Grace Anglada M^cCracken (Please print plainly)

Telephone No. HQ 3-4764 Address Brigham Rd., Gates Mills - Ohio ZONE NO.

ZONE NO. _____

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

[illegible]

Permission to print prices on labels granted unless declined here

Entry blanks must be filled out and returned to the Museum between March 8 and April 9.
Entries must be delivered at the old Art School between 9 A.M. and 5 P.M. from April 13 to April 20 (except Sunday).

USE SECOND BLANK IF REQUIRED.
LIST OF CLASSES ON BACK.